



**Banner Good Samaritan
Medical Center**

Phoenix, Arizona

Department of Radiology Support Services

Rules and Regulations

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ARTICLE I **Organization**

Section 1

In accordance with the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center, the Department of Radiology Support Services is organized as a department of the Medical Staff.

Section 2

The Department of Radiology Support Services will be directed by the Pathology, Radiology, Nuclear Medicine and Transfusion (PRNT) Committee.

Section 3

The chairman of the PRNT Committee will be selected by the Chief of Staff for a two-year term. The chairman shall appoint a vice-chairman of the department.

ARTICLE II **Functions, Duties, and Responsibilities**

Section 1

The Chairman's functions, duties, and responsibilities are outlined in Section 8.5-5 of the Medical Staff Bylaws.

Section 2

- a) The vice chairman will be responsible for administration of the committee in the absence of the chairman.
- b) The section chief will be responsible for the professional duties within that section.

ARTICLE III **Responsibilities within the Quality Improvement Process**

1. **Department Chairman** provides leadership in measuring, assessing and improving the medical assessment and treatment of patients. Ensures communication of medical staff findings, conclusions, recommendations and actions taken to improve organization performance.

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2. **Medical Staff** participates in the assessment, measurement and communication of improvement of clinical processes.
3. **Administrative Director** provides administrative support to the process improvement activities.
4. **QMS/Decision Support** provides assistance to the ancillary departments on data analysis of process improvements.

ARTICLE IV Miscellaneous Provisions

Section 1 – Radiology Telemedicine

Radiology telemedicine services, e.g. interpretation of non-invasive radiology testing including CT, MR, Ultrasound and Nuclear Scans, are provided for emergency room patients, inpatients and outpatients outside of normal business hours or when staff radiologists are not available.

Practitioners providing these services are credentialed and privileged in accordance with the Credentialing Agreement Addendum to the contract executed between Banner Good Samaritan Medical Center and the contracted group provided that the contracted group continues to maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation.

Section 2 - Meetings

Information regarding meetings is outlined in Section 10.2 of the Medical Staff Bylaws.

Section 3 - Committee Assignments

Members of the department are expected to fulfill obligations created by membership on this and other staff committees.

Section 4 - Appointment Procedure

A. Membership

Physicians applying for department membership and privileges will apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

B. Application

The following requirements will be necessary in employing and granting of **DIAGNOSTIC RADIOLOGY, NUCLEAR MEDICINE AND RADIATION ONCOLOGY** privileges.

Applicants must be certified by or admissible by the American, Osteopathic, or Canadian Board of Radiology or Nuclear Medicine. Applicants who are granted privileges on the basis of admissibility must obtain certification within 3 years of completing training. Applicants who fail to obtain certification within this time period will result in automatic expiration of their privileges within the Department of Radiology. They may

reapply for privileges when they obtain certification by the appropriate Board.

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Provisional Period

Pursuant to the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center, all new members of the Medical Staff are provisional members for a period of twelve (12) months following the granting of their privileges. The consistent standard will be that a minimum of four (4) cases or patient contacts will be reviewed prior to moving to another category. In cases where there are not a minimum of four (4) patient contacts or cases completed in the provisional period, other data including peer competencies and/or case logs, will be required to determine current clinical competency. Failure to satisfy any of these minimum requirements within the provisional period may result in the loss of medical staff membership and privileges.

Supervision

With the exception of specific supervision requirements as enumerated below, each applicant will have a one year provisional period for observation of clinical competency. At the end of this 12 month period there will be a review of clinical activity by the Chairman and the PRNT Committee who will determine a change in the Provisional status. The Provisional status may be extended for one year, at the discretion of the PRNT Committee. Please note that supervision of interventional procedures must be performed by more than one supervisor.

Section 3 - Appointment Procedure

Supervision requirements

Angiography and Interventional Radiology:

- 3 abdominal, peripheral, thoracic arteriography cases
- 3 transluminal angioplasty cases
- 2 TIPSS cases
- 3 centrally placed venous access catheters
- 2 pulmonary arteriography cases
- 2 peripheral and visceral stents

Neuro Radiology:

- 3 cerebral arteriography cases
- 3 myelography cases

Non Vascular Radiology

- 3 image guided percutaneous biopsy cases
- 3 image guided percutaneous drainage procedures, including nephrostomy, stone extraction and dilatation procedures

Nuclear Medicine Therapy:

- 3 hyperthyroidism cases
- 3 thyroid cancer cases

Stereotactic Breast Biopsy

- 3 Supervised cases

Closure Devices, Vascular

- 5 Supervised cases

Radiofrequency Ablation

3 Supervised cases

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RADIATION ONCOLOGY

1. A minimum of **10** external beam treatment plans will be supervised. At least three of these should involve electron beam therapy. At least two of these should involve pediatric patients. Physicians providing primarily call and vacation coverage will have any procedures, performed, not exceeding 10, retrospectively reviewed, and must meet requirements as outlined in ARTICLE IV, Section 4. B.
2. Treatment programs in each of the following brachytherapy units will be supervised as identified below:

Low dose rate procedures

2 permanent interstitial implants with iodine or palladium

High dose rate procedures

2 endobronchial

2 intracavitary

2 interstitial

3. A minimum of 2 stereotactic radiosurgery treatment plans will be supervised, one of which should involve multiple isocenters.
4. A minimum of 2 fractionated whole body treatment plans will be supervised.
5. It is of course desired that the candidate provide proof of training in these procedures in their residency program with a preceptor signed sheet attesting to proficiency in each.

Approvals:

PRNT Committee: 7-28-99
Executive Committee: 9-13-99
Board of Directors: 9-16-99

PRNT Committee: 10-24-01
Executive Committee: 02-25-01
Board of Directors: 03-21-02

PRNT Committee: 10-23-02
Executive Committee: 10-28-02
Board of Directors: 11-21-02

PRNT Committee: 6/28/2006
Executive Committee: 8/14/2006
Board of Directors: 9/21/2006

PRNT Committee:	12/20/2006
Executive Committee:	2/26/2007
Board of Directors:	3/15/2007